

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		65955	2/9
RESPONSE FORMALITY REVIEW	lit	571	02/20/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6
2	0
3	1
4	0
5	✓
6	1
7	1
8	✓
9	0
10	1
11	0
12	✓
13	1
14	✓
15	0
16	1
17	0
18	✓
19	1
20	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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